

Yolo County SPCA The Hope Fund Application

Please note that this program and its approval process is not designed for emergency veterinary care. If your pet is need of emergency care that requires financial resources that you are unable to provide, please consult with your veterinarian for other programs that may be available to you.

This application will be submitted and accepted via an online process only. You will receive a confirming email once your application has been received.

About You:

First and Last Name: _____

How many people are in your household? ____ what is their relationship to you? _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Mailing Address: _____

City and Zip Code: _____

Alternate Address: _____

Driver's License Number: _____ Expiration Date: _____

Emergency Contact Name 1: _____

Emergency Contact 1 Phone Number: _____

Emergency Contact Name 2: _____

Emergency Contact 2 Phone Number: _____

Pet History:

Who is your veterinarian? _____

Veterinarian Phone: _____

What pets do you currently have in your home? Include small caged pets and barnyard animals:

Pet's Name	Species	Breed	Estimated Age	Male or Female?	Spayed or Neutered: Yes or No	Length of Ownership	How did you acquire this animal?	Date of Last Vet visit for this animal

If you have additional animals, please provide all information on an attached piece of paper.

Yolo County SPCA's Hope Fund Application Cont.:
Financial assistance is being requested for which pet and what services?

Who will provide the services you describe?

Please provide contact information:

Estimated Cost of assistance requested: _____

What Amount can you pay toward the above costs? _____

Reason why you are unable to financially provide for these services:

You may be approved for a loan. You may be required to provide proof of income and/or proof of your financial situation. This proof is at the discretion of the Yolo County SPCA. Repayment of this no-interest loan through monthly payments is an important condition for the continued funding of this program and enables us to help as many animals and their families as possible.

What amount can you make in monthly payments to the Yolo County SPCA?

I agree to reimburse the Yolo County SPCA for the total amount of the loan in monthly installments.

I agree to have all medical information and radiographs (if applicable) for my pet _____ released to the Yolo County SPCA. I also agree that a representative of the Yolo County SPCA may contact my veterinarian to discuss my pet's medical information.

I also agree that a representative of the Yolo County SPCA may contact the landlord to discuss my deposit requirements if this request is for a pet deposit related to my living situation.

Signature Date: _____

Office Use Only xxx Office Use Only

Loan Approved Yes / No

Loan Amount Approved:

Voucher Number: _____

Staff Signature: _____ **Date** _____